

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

06/21/2005

**SAWYER LAW GROUP**  
**P.O. Box 51418**  
**Palo Alto, CA 94303**

09/15/2005 MBEYENE2 00000095 090460 09844688

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 3.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR        | ATTORNEY DOCKET NO.   | CONFIRMATION NO. |
|-----------------|-------------|-----------------------------|-----------------------|------------------|
| 09/844,688      | 04/27/2001  | Maria Teresa de Jesus Stoll | 1940P/STL920000101US1 | 2250             |

TITLE OF INVENTION: USE OF CONCEPTUAL DIAGRAM TO SUPPORT RELATIONSHIPS BETWEEN LAUNCHPADS AND ITS WIZARDS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 09/21/2005 |

| EXAMINER         | ART UNIT | CLASS-SUBCLAS S |
|------------------|----------|-----------------|
| SAX, STEVEN PAUL | 2174     | 715-712000      |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sawyer Law Group LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation

Armonk, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0460 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

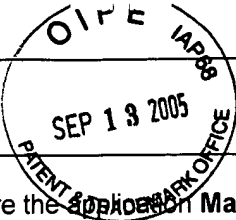
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date September 8, 2005Typed or printed name Stephen G. SullivanRegistration No. 38,329

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## TRANSMITTAL FORM

Attorney Docket No.

STL920000101US1/1940PIn re the Application of **Maria Teresa de Jesus STOLL, et al.**Confirmation No: **2250**Serial No: **09/844,688**Group Art Unit: **2174**Filed: **April 27, 2001**Examiner: **Sax, Steven Paul**For: **USE OF CONCEPTUAL DIAGRAMS TO SUPPORT RELATIONSHIPS BETWEEN LAUNCHPADS AND ITS WIZARDS**

| ENCLOSURES (check all that apply) |                                     |  |  |                                     |  |
|-----------------------------------|-------------------------------------|--|--|-------------------------------------|--|
| <input type="checkbox"/>          | Amendment/Reply                     | <input type="checkbox"/>   | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group                               |
| <input type="checkbox"/>          | After Final                         | <input checked="" type="checkbox"/>  | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Appeal Communication to Board of Appeals and Interferences           |
| <input type="checkbox"/>          | Information disclosure statement    | <input type="checkbox"/>   | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/>          | Form 1449                           | <input type="checkbox"/>   | Sheets Replacement Drwgs                         | <input type="checkbox"/>            | Status Letter  |
| <input type="checkbox"/>          | (X) Copies of References            | <input type="checkbox"/>   | Petition   | <input checked="" type="checkbox"/> | Postcard   |
| <input type="checkbox"/>          | Extension of Time Request *         | <input type="checkbox"/>   | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below):                          |
| <input type="checkbox"/>          | Express Abandonment                 | <input type="checkbox"/>   | Terminal Disclaimer                              |                                     |  |
| <input type="checkbox"/>          | Certified Copy of Priority Doc      | <input type="checkbox"/>   | Power of Attorney and Revocation of Prior Powers |                                     |  |
| <input type="checkbox"/>          | Response to Incomplete Appln        | <input type="checkbox"/>   | Change of Correspondence Address                 |                                     |  |
| <input type="checkbox"/>          | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . |  |                                     |  |
| <input type="checkbox"/>          | Executed Declaration by Inventor(s) |  |  |                                     |  |

| CLAIMS             |                                  |   |              |            |         |
|--------------------|----------------------------------|---|--------------|------------|---------|
| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE       | FEE     |
| Total Claims       | 0                                | 0                                       | 0            | \$50.00    | \$ 0.00 |
| Independent Claims | 0                                | 0                                       | 0            | \$200.00   | \$ 0.00 |
|                    |                                  |   |              | Total Fees | \$ 0.00 |

| METHOD OF PAYMENT                   |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.   |
| <input checked="" type="checkbox"/> | Charge \$ <b>1703.00</b> to Deposit Account No. <b>09-0460</b> (IBM Corporation) for payment of fees.<br>Issue Fee \$1400.00; Publication Fee \$300.00; Patent Copy \$3.00 |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <b>09-0460</b> (IBM Corporation)   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                      |
|--|--------------------------------------|
| Attorney Name                              | Stephen G. Sullivan, Reg. No. 38,329 |
| Signature                                  |                                      |
| Date                                       | September 8, 2005                    |